



# Sign up for the Priority Services Register

## Using this form

Fill in this form using block capitals, and marking any relevant boxes with a cross, like this .

## Sending it back

You can fill in this form and email it back to us at **support@sparkenergy.co.uk**

Or post it back to Spark Energy, Dunsdale Road, Ettrick Riverside, Selkirk TD7 5EB

## Your details

Title

Mr  Mrs  Miss  Ms  Other

First name

Surname

Address

Postcode:

Telephone (including area code)

Email address

Account number

## Your requirements

Please tell us about your needs and requirements. Mark as many boxes that apply, and then give us more details in the box below.

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Blind   | <input type="checkbox"/> Poor sense of smell          | <input type="checkbox"/> Hearing impaired/speech difficulties |
| <input type="checkbox"/> Foreign language speaker/unable to communicate in English | <input type="checkbox"/> Chronic/serious illness      | <input type="checkbox"/> Partially sighted                    |
| <input type="checkbox"/> Learning difficulties/developmental condition             | <input type="checkbox"/> Deaf                         | <input type="checkbox"/> Pensionable age (60+)                |
| <input type="checkbox"/> Unable to answer door/restricted movement                 | <input type="checkbox"/> Disabled/physical impairment | <input type="checkbox"/> Dementia                             |
| <input type="checkbox"/> Life changes e.g. unemployment or temporary illness       | <input type="checkbox"/> Restricted hand movement     | <input type="checkbox"/> Have young children age 5 or under   |
|  | <input type="checkbox"/> Mental health                | <input type="checkbox"/> Additional presence preferred        |
|  | <input type="checkbox"/> Post hospital recovery       | <input type="checkbox"/> Young adult householder (under 18)   |

Please give details

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Are you, or is anyone in your household, dependent on any medical equipment which relies on electricity such as a ventilator or stair lift?

No  Yes

Please tell us which of the following apply:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Nebuliser and apnoea monitor                           | <input type="checkbox"/> Oxygen Concentrator             | <input type="checkbox"/> Careline/telecare system |
| <input type="checkbox"/> Heart/lung machine, lung and ventilator                | <input type="checkbox"/> Stair lift, hoist, electric bed | <input type="checkbox"/> Medicine refrigeration   |
| <input type="checkbox"/> Kidney Dialysis, feeding pump and automated medication | <input type="checkbox"/> MDE electric showering          | <input type="checkbox"/> Oxygen use               |

Please give details

## Your services

Please mark as many boxes as you like. All the services on the Priority Services Register are free of charge.

- I would like to receive audio bills.
- I would like to receive my bills and statements in large print.
- I would like to receive my bills and statements in Braille.
- I would like my prepayment meter moved.
- I would like to use the password protection scheme (used at house visits).  
Please choose a memorable password, up to eight characters long.

- I would like my bills and statements sent to a friend or family member.  
Please give their details below.

First name

Surname

Address

	Postcode: <input type="text"/>

Telephone

Email address